CERTIFICATION OF WORK
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: ~~AA~~ DE07 Date of Visit: 10/19/2020

Contractor Personnel on Site:

1. Brian Davis
2. _____
3. _____
4. _____
5. _____
6. _____

Service Calls – Service Call Number and Description

1. Boiler #1 fuse blowing due to circulation pump
2. _____
3. Reset Drive and faceplate checked good.

CSS#12930, 12931, 12929

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Brian Davis Date: 10/19/2020

Signed: BWD

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: Jason Gavin AFOS Date: 10/19/2020

Signed:

E-Mail:

ARMSTRONG

ARMflo

E21.2

c UL us

22 VB

182212-665

2/5HP/3450/1/60/120/3.8A

Thermally Protected

MAX LIQUID TEMP 230 F - 110 C

MAX PRESSURE 150 PSI - 10 BAR

CLASS F

ROT. CCW LE

Date Code: 0513

DE001 Building 1

Asset# 190918-112 HW circ pmp

INSTALL WITH PUMP
SHAFT HORIZONTAL ONLY

FOR INDOOR USE ONLY
DO NOT RUN DRY

USE COPPER CONDUCTORS ONLY